International Journal of Advanced Research in Biological Sciences
ISSN: 2348-8069
www.ijarbs.com
(A Peer Reviewed, Referred, Indexed and Open Access Journal)
DOI: 10.22192/ijarbs Coden: IJARQG (USA) Volume 13, Issue 1-2026

Research Article

DOI: http://dx.doi.org/10.22192/ijarbs.2026.13.01.012

A Cross-sectional Study on Siddha Diagnostic tool *Manikkadai Nool,* among *Vippuruthi* (Cancer) Patients

R.Yameni[*1], S.Malini[2], K.Ellora[3], M.Muthukumaran[4]

[1]PG Scholar. Department of PG Noinaadal, Government Siddha Medical College, Arumbakkam, Chennai-106

[2]PG Scholar. Department of PG Noinaadal, Government Siddha Medical College, Arumbakkam, Chennai-106

[3]PG Scholar. Department of PG Noinaadal, Government Siddha Medical College, Arumbakkam, Chennai-106

[4]Head of the department, Department of PG Noinaadal, Government Siddha Medical College, Arumbakkam, Chennai-106

[*]Corresponding author Mail id: *rdryamini@gmail.com*

Abstract

Introduction: Siddha medicine employs various traditional diagnostic methods to assess the health status of individuals. *Manikkadai Nool* is a unique Siddha diagnostic tool that measures wrist circumference in finger units and is believed to reflect physiological and pathological conditions. However, evidence regarding its application in patients with *Vippuruthi* (cancer) is limited.

Objective: To evaluate the *Manikkadai Nool* values among patients diagnosed with *Vippuruthi* and to document its diagnostic significance in Siddha clinical practice.

Methods: A cross-sectional study was conducted among 100 confirmed *Vippuruthi* patients attending the Outpatient Department (OPD) of Government Siddha Medical College (GSMC), Chennai. Participants were selected using a purposive sampling technique. Demographic and clinical data were collected using a structured proforma. *Manikkadai Nool* measurements were obtained using the standard Siddha procedure by measuring the wrist circumference with a thread and expressing the value in finger units. The collected data were analyzed using descriptive statistical methods.

Results: The study revealed that the predominant *Manikkadai Nool* value among *Vippuruthi* patients was 7.5 lbs. This measurement was consistently observed across the majority of participants irrespective of age and gender variations. According to Siddha diagnostic principles, the observed MKN value may indicate specific alterations in

the body's humoral balance and physiological status associated with chronic disease conditions. The findings suggest a possible relationship between the *Manikkadai Nool* value of 7.5 and the presence of *Vippuruthi*, highlighting the relevance of this traditional diagnostic parameter in clinical assessment.

Conclusion: *Manikkadai Nool* serves as a simple, non-invasive, and cost-effective diagnostic tool in Siddha medicine. The predominance of a 7.5-finger-unit measurement among *Vippuruthi* patients observed in this study provides preliminary evidence of its potential clinical significance. Further large-scale studies are warranted to establish diagnostic correlations and validate the role of *Manikkadai Nool* in the assessment and management of cancer patients.

Keywords: Siddha Medicine, *Manikkadai Nool*, *Vippuruthi,* Cancer, Traditional Diagnostics.

1. Introduction

The Siddha system of medicine, one of the oldest traditional medical sciences originating from ancient tamil civilization, emphasizes accurate diagnosis as the foundation of effective treatment. Classical Siddha texts describe 4,448 disease entities and advocate for the identification of disease through various diagnostic methods before initiating therapeutic interventions. Among the diagnostic tools described in Siddha literature, *Manikkadai Nool* is a unique anthropometric technique that involves measuring wrist circumference using finger breadths to assess the physiological and pathological status of an individual. This non-invasive method provides 26 diagnostic readings, generally ranging from 4 to 11 finger breadths, and is considered useful in evaluating constitutional and disease-related variations.[1]

Anthropometric measurements have long been utilized in medical research as indicators of nutritional status, body composition, physiological alterations, and disease susceptibility. These measurements are influenced by factors such as age, sex, nutritional status, environmental conditions, and pathological processes. In Siddha medicine, *Manikkadai Nool* is believed to reflect the equilibrium or derangement of the three humours—*Vali, Azhal, and Iyyam*—and thereby aid in disease diagnosis and prognosis.

Cancer remains one of the leading causes of morbidity and mortality worldwide, accounting for a substantial burden on healthcare systems and society. It is characterized by uncontrolled cellular proliferation and the potential for local invasion and distant metastasis. The etiology of cancer is multifactorial, involving genetic, environmental, lifestyle, infectious, and immunological factors. Despite advances in diagnostic and therapeutic modalities, cancer continues to pose significant clinical and public health challenges, particularly in low- and middle-income countries.

In Siddha literature, abnormal proliferative growths resembling neoplastic conditions are described under the term *Vippuruthi*. These conditions are believed to arise from disturbances in the normal balance of the three humours, leading to pathological tissue proliferation and impairment of normal physiological functions. Siddha texts emphasize the importance of assessing constitutional characteristics and disease-specific alterations for effective disease management.[2]

Although *Manikkadai Noo*l has been traditionally employed as a diagnostic tool in Siddha practice, scientific studies evaluating its clinical significance in specific disease conditions remain limited. Furthermore, standardized *Manikkadai Nool* values among patients with *Vippuruthi* (Cancer) have not been adequately documented. Establishing such values may contribute to the validation of this traditional diagnostic method and provide supportive evidence for its application in contemporary Siddha clinical practice.

Therefore, the present cross-sectional study was undertaken to evaluate the *Manikkadai Nool* measurements among patients diagnosed with *Vippuruthi* (Cancer) and to explore their diagnostic significance. The findings of this study may help in standardizing *Manikkadai Nool* values in cancer patients and contribute to the evidence-based understanding of Siddha diagnostic methodologies. According to T.V. Sambasivam Pillai's Siddha Medical Dictionary, *Vippuruthi* is defined as a cancerous or carcinomatous growth. It is described as a malignant tumour characterized by the proliferation of epithelial cells supported by a network of connective tissue stroma. Such growths exhibit a progressive and invasive nature, extending into adjacent tissues, disrupting normal physiological functions, affecting the overall constitution of the individual, and, if left untreated, may ultimately result in death.[3] The aim of the study is to elucidate and calibrate the significance of *Manikkadai Nool* among *Vippuruthi* (Cancer) patients.

2. Materials and Methods

This was a cross-sectional study conducted at outpatient department of Arignar Anna government hospital of Indian medicine. The study was approved by IEC [Institutional Ethics Committee]–GSMC-Chennai. IEC No- GSMC-CH-1243/ME-II/019/2023.The study was also registered in CTRI [Clinical Trial Registry India] CTRI No/2023/06/054551. The study takes place for 3 months after the registration of CTRI. In this study,100 patients of age group between 20-70 years were enrolled. The enrolled patients were informed about the study in English and local language Tamil whichever necessary. Informed consent in written was obtained from them. The inclusion criteria were age group between 20-70 years. The study included patients aged between 20 and 70 years, of either gender, who were clinically and/or diagnostically confirmed to have cancer *(Vippuruthi)*. Only those patients who were willing to participate in the study and provided written informed consent were enrolled. Patients diagnosed with benign tumors were excluded from the study. In addition, patients who were not willing to provide written informed consent were also excluded from participation. The Manikkadai Nool diagnostic assessment was performed systematically for all participants, and the recorded measurements were documented for subsequent analysis. Following the standardized protocol of the procedure, wrist circumference was measured bilaterally and expressed in finger-breadth units. The obtained values from both the right and left wrists were used to determine the corresponding diagnostic interpretation.

Figure 1

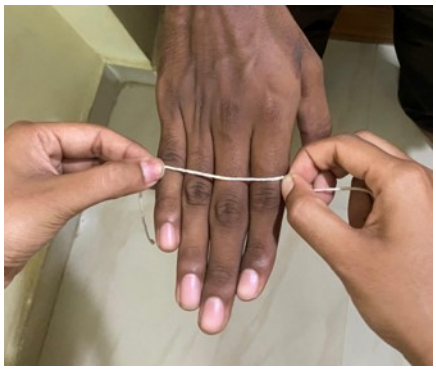

Figure 2

Figure 3

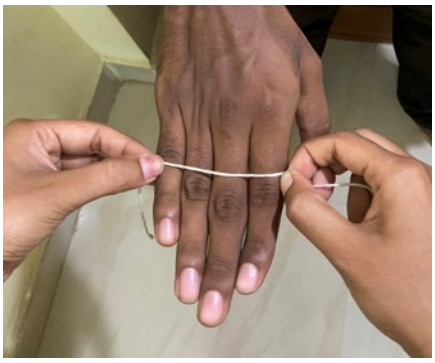

Figure 4

A cotton thread was used to perform the measurements as per the *Manikkadai Nool* procedure. Initially, the thread was placed across the dorsal surface of four fingers, as illustrated in Figure 1. Following this, the wrist circumference was measured just below the level of these four fingers on the respective hand, as shown in Figure 2. Subsequently, the antebrachial (forearm) circumference near the wrist joint was also measured, which is depicted in Figure 3. After measuring the wrist circumference, the thread was carefully removed and aligned along the dorsal aspect of the patient's four fingers, as illustrated in Figure 4. The thread was placed centrally across the fingers to determine the total length in finger units. Each finger breadth was subdivided into four segments: ¼, ½, ¾, and 1 unit. The total measurement was then calculated based on these fractional finger units, which served as the final *Manikkadai Nool* value for diagnostic interpretation.

3. Results

The recorded measurements are evaluated for diagnostic purposes, as presented in Tables 1 and 2. The thread utilized should be composed of cotton, possess non-elastic properties (retaining its dimensions under all conditions), exhibit moderate thickness, and be sufficiently manageable for ease of handling.

Table 1: Distribution of *Manikkadai* nool value in Right hand for *Vippuruthi* (cancer)

***Manikkadai* For Right Hand**		
Exactly marching 7.5 fbs other than 7.5fbs Total	Cases count (100)	Percentage
	59	59.0
	41	41.0
	100	100.0

fbs- finger breadth size

Table 2: Distribution of *Manikkadai* nool value in Left hand for *Vippuruthi* (cancer)

***Manikkadai* For Left Hand**		
Exactly matching 7.5 fbs **other than 7.5 fbs** **Total**	Cases count (100)	Percentage
	38	38.0
	62	62.0
	100	100.0

fbs- finger breadth size

4. Discussion

In Siddha diagnostics, *Manikkadai Nool* measurement serves as a traditional anthropometric tool to assess physiological deviations associated with specific disease states. In the present study, the distribution of *Manikkadai Nool* values in both the right and left hands was evaluated among patients diagnosed with *Vippuruthi* (cancer). Analysis of the recorded data (Tables 1 and 2) demonstrates that the most prevalent *Manikkadai Nool* value among the studied population was 7.5 fbs, observed in 59% of right-hand measurements and 38% of left-hand measurements. This suggests a strong association between this specific measurement range and *Vippuruthi* in the examined cohort. . From the Siddha viewpoint, these findings indicate a possible constitutional pattern, where the predominance of 7.5 fbs could represent an anthropometric signature for *Vippuruthi* . But standardization of *Manikkadai nool* in correlation with disease has not reported yet. Hence, this study was done as an intiative for early diagnosis of *Vippuruthi (cancer)* disease using the *Manikkadai nool* tool. As per Siddha text, 7.5 fbs may have the conditions such as cancer, Burning sensation and Malaise within one year period. Most of the *Vippuruthi (cancer)* patients had 7.5 fbs which is correlated with the values as per Siddha literature.[6]

5. Conclusion

The findings of the present study support the clinical relevance of *Manikkadai Nool,* a traditional Siddha diagnostic tool, in the assessment of *Vippuruthi (cancer)* as described in Siddha literature. As a simple, non-invasive, and economical diagnostic approach, it may serve as a valuable adjunct in the early identification of the disease, thereby enabling prompt therapeutic management. The integration of this traditional anthropometric assessment into routine clinical evaluation may improve diagnostic accessibility and efficiency, while potentially minimizing the need for complex and costly investigations during the initial stages of assessment. Further large-scale studies are warranted to validate its diagnostic utility and strengthen its evidence base in contemporary clinical practice.

References

1. Chitra SM, Mallika P, Anbu N, Narayanababu R, Sugunabai A, David Paul Raj RS, Premnath D. An open clinical evaluation of selected siddha regimen in expediting the management of COVID-19 -a randomized controlled study. J Ayurveda Integr Med. 2022 JanMar;13(1):100397.
2. Lekha GS, Aparna S, Kasirajan N, Kanagarajan A. Diagnosis and treatment of cancer – Siddha perspective. *J Res Siddha Med*. 2018;1(1):3-12. Available from: Journal of Research in Siddha Medicine.
3. Sambasivam Pillai TV. *Tamil-English Dictionary of Medicine, Chemistry, Botany and Allied Sciences (Siddha Medical Dictionary).* Vol. 5. Chennai: Directorate of Indian Medicine and Homoeopathy, Government of Tamil Nadu; 1994.

4. Dr. M. Shanmugavelu H.B.I.M, *Noi Naadal noi Mudhal Nadal Thirattu*– Part 1 page no; 351.

Access this Article in Online	
	Website: www.ijarbs.com
Quick Response Code	Subject: Siddha Medicine
DOI:10.22192/ijarbs.2026.13.01.012	

How to cite this article:
R.Yameni, S.Malini, K.Ellora, M.Muthukumaran. (2026). A Cross-sectional Study on Siddha Diagnostic tool *Manikkadai Nool,* among *Vippuruthi* (Cancer) Patients. Int. J. Adv. Res. Biol. Sci. 13(1): 158-163.
DOI: http://dx.doi.org/10.22192/ijarbs.2026.13.01.012